



Commonwealth of Massachusetts

Registry of Motor Vehicles

One Copley Place, Boston 02116

Kimberly Hinden
Registrar

use additional paper if necessary

Mail:
P.O. Box 199100
Boston, MA 02119-9100
www.massrmv.com

MREP Quality Assurance Form

Name of School						
Address						
City or Town						
Site Coordinator Name		Phone ()				
RiderCoach 1	RiderCoach #					
RiderCoach 2	RiderCoach #					
Other Staff (role)						
Date						
Time In		Time Out				
CLASSROOM / RANGE	RANGE	CLASSROOM				
Number of Students						
Waivers Signed		<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td></td><td></td></tr></table>	YES	NO		
YES	NO					
Copy of M/C Permits		<table border="1"><tr><td></td><td></td></tr></table>				
CLASSROOM						
Type of Classroom	<table border="1"><tr><td>BRC</td></tr></table>	BRC	<table border="1"><tr><td>ERC</td></tr></table>	ERC	Other:	
BRC						
ERC						
Roster	<table border="1"><tr><td></td><td></td></tr></table>					
Schedule made available to Students	<table border="1"><tr><td></td><td></td></tr></table>					
Describe classroom setup:						
Clean	<table border="1"><tr><td></td><td></td></tr></table>					
Audiovisual Equipment Present, Working Properly	<table border="1"><tr><td></td><td></td></tr></table>					
Course Materials Present	<table border="1"><tr><td></td><td></td></tr></table>					
How is the Ridercoach identifiable?						
Describe activities observed:						
Emergency Plan Posted / Safety Equipment Present, Working						
<table border="1"><tr><td></td><td></td></tr></table>						
Restrooms Available, Clean, Working Properly						
<table border="1"><tr><td></td><td></td></tr></table>						

